

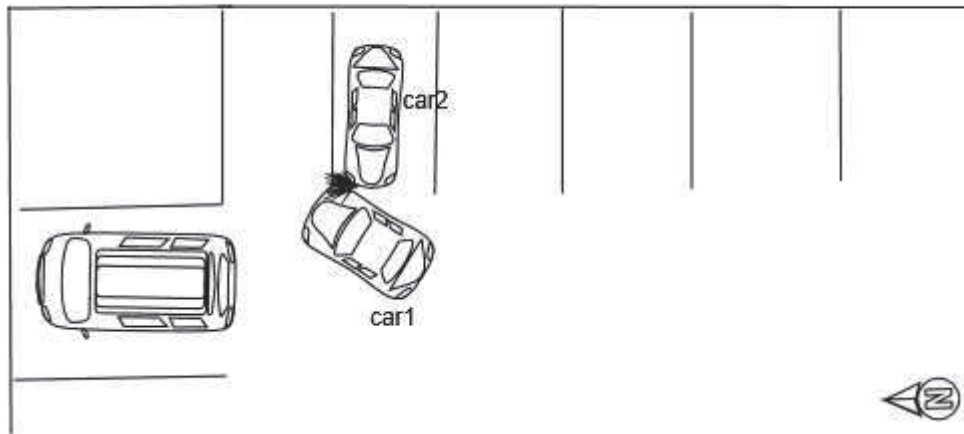
Police Use Only			Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 12/14/2025		Time of Crash 0308 24HR		City/Town Auburn		Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude		State Police Local Police MBTA Police Campus Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:								
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 11 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Crash Report ID# 25-445-AC								
License # 13214987 St RI DOB/Age 09/19/1993 Sex F Lic. Class D 19 19 Lic. Restrictions 99 20 CDL Endorsement Operator HIGHTOWER, LAZANDRA E Address 100 BROAD ST APT 102 City PROVIDENCE State RI Zip 02903 Insurance Company Vehicle Travel Direction: X S E W Responding to Emergency? 2 Citation # (If Issued) 893554AD Viol. 1: Ch/Sec/Sub 90 25 Viol. 2: Ch/Sec/Sub 90 24 (2) Viol. 3: Ch/Sec/Sub 266 28 (A) Viol. 4: Ch/Sec/Sub						Reg # 1MQ411 Reg Type PC Reg State RI Veh Year 2017 Veh Make HONDA Veh Config. 1 21 Owner CHU, NORMA JEAN Address 46 PARKWAY AVE City PROVIDENCE State RI Zip 02908 Vehicle Action Prior to Crash 1 22 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 9 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 1 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 99 31 Susp. Drug: 99 32 Towed from scene? 2 33										
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator						See Above										
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 20 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		<input type="checkbox"/> Vulnerable User Complete the Vulnerable User section.								
License # St DOB/Age Sex Lic. Class D 19 19 Lic. Restrictions 20 CDL Endorsement Operator Driverless M.V. Address City State Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub						Reg # TBX3304 Reg Type Reg State VA Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 21 Owner CANALES BERRIOS, GONZALO RIGOBERTO Address 5003 LARRY CT City WOODBRIDGE State VA Zip 22193 Vehicle Action Prior to Crash 11 22 Event Sequence 1 23 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26 26 Damaged Area Code: 2 27 27 27 Test Status: 1 28 Type of Test: 0 29 BAC Test Result: 1 30 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33										
Please fill out for operator and all occupants involved						34 35 36 37 38 39 40 Seat Pos. Safety System Airbag Status Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Occupants						See Above										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ○ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Comfort INN Parking Lot



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Impact Arrow



Crash Narrative:

While car1 was trying to avoid police she drove in between two parked cars. She struck car two's front right bumper while driving between the two cars. She also struck the sign for the business while fleeing.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
COMFORT INN	426 SOUTHBRIDGE ST AUBURN MA 01501			HOTEL DRIVEWAY SIGN

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use ☐ 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate ☐ 43 Cargo Body Type Code ☐ 44 GVWR/GCWR ☐ 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length ☐ 46

Hazmat Information:

Placard ☐ 47 Material 1 digit # ☐ 48 Material Name _____ Material 4 digit # _____ Release code ☐ 49

Patrolman Grace Griffin

Police Officer Name (Please Print)

Signature

98GG

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

12/14/2025

Date